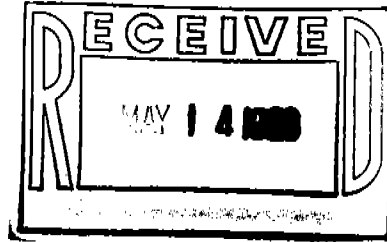


Bobby's Backhoe Service, Inc.

1324 WILEY LEWIS ROAD
GREENSBORO, N.C. 27406
(919) 275-1286



Guilford County Emergency Services
P.O. Box 18807
Greensboro, North Carolina 27419

Date: May 12, 1993

Project Name: A-1 Rentals

Address: 510 N. Elm, Greensboro, N.C. 27401

Date tank(s) removed: 1-2000 gas removed on 4-13-93

Depth of tank: 8' top of tank 3' from ground

Soil Sample Depth: 11'

Any Signs of Leakage: Several small holes in tank

Lab samples taken to: R & A Labs in Kernersville, N.C.

Disposal Of Tank: Safeway Tank Disposal, Colfax, N.C.

Size of Tank: 64" wide and 12' long

Other Comments: lab report shows contamination on East end.

If you have any questions, please feel free to call.

Sincerely,

Teresa Dixon
Bobby's Backhoe Service, Inc.

GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

RECEIVED

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

NC Dept. of ENV

FEB - 4 1993

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: A-1 Rental

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 510 N. Elm St.County: GuilfordCity: Greensboro State: NC Zip Code: 27401Tele. No. (Area Code): 919-275-9788

II. LOCATION OF TANK(S)

Facility Name or Company: A-1 Rentals

Facility ID # (if available)

Street Address or State Road: 510 N. Elm St.County: Guilford City: Greensboro Zip Code:Tele. No. (Area Code): 919-275-9788

III. CONTACT PERSON

Name: Dwight WALL

Job Title:

Telephone Number: (919) 273-8663

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Bobby's Buckhoe Service IncAddress: 1324 Wiley Rd State: NCZip Code: 27406Contact: Bobby Williams / Teresa Dixon Phone: 919-275-1286

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>2000</u>	<u>GA5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Teresa Dixon, Office Manager*Scheduled Removal Date: 3-1-93Signature: Teresa DixonDate Submitted: 2-1-93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

FILE NUMBER	
3	8

GREENSBORO FIRE DEPARTMENT

FIRE INSPECTION REPORT

STREET NUMBER				DIR		STREET NAME										TYPE			BUILDING UNIT				GENERAL INSP. DATE						
5114				4		E. 1st St.										C. T.													
9				13 14		15 16								31 32		33		34		37									
LAST INSP. DATE				BC OCCUPANCY		NFPA OCCUPANCY		COMPLEX		CONST		SPRINKLERS		STAND PIPES		DETECTORS		ALARM SYS		SPEC SYS		YR. CONST.		STORIES		FIRE EXT.		L-LINE P-PREV	
				38 40		41 43 44 45		46		47		48		49		50		51		52 53		54 55		56		57			
LAST INSP. BY				SQ. FT. GROUND FLOOR				MAX. OCCUPANT LOAD				REQ. EXITS		SPEC INSTR.		DUE DATE				INSPECTION PERIOD				DISTRICT					
				58 63				64 67				68		69		70 75				76 77				78 79 80					

02

DATE		TIME		ACT'Y		DISTRICT		SHFT		INSPECTING OFFICER			
4 13		1				1		P		C37			
9	14	15	18	19	20	21	22	23	24	27	28	31	

03

NOTICE OF FIRE & SAFETY HAZARDS: You are hereby notified that an inspection of your premises has disclosed the following fire safety hazards and/or violations of the provisions of appropriate local or state codes.

[illegible]

ORDER TO COMPLY: As such conditions are contrary to law, you are hereby required to correct said conditions immediately upon receipt of this notice. An inspection to determine whether you have complied will be conducted on or before Failure to comply with the foregoing order before the date of such reinspection may render you liable to the penalties provided by law for such violation. FIRE PREVENTION BUREAU - PHONE 373-2177

REINSPECTION DATE
34

FEES AND PENALTIES INCLUDE: REINSPECTION FEES, AND/OR CITATIONS, OR CRIMINAL SUMMONS

REINSPECTION DATE	
34	3

X

OCCUPANT

x

INSPECTING OFFICER

04

BUSINESS NAME	INSPECTING OFFICER
AIR CONDITIONERS	
9	28

BUSINESS PHONE	
29	3

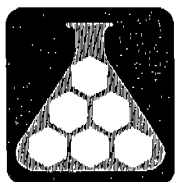
PS - FIRE
91-2356A

OWNER/OCCUPANT	
39	55

EMERGENCY PHONE	
59	6

05

BUILDING UNIT IDENTIFICATION



RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

22 April 1993

Bobby's Backhoe Service, Inc.
1324 Wiley Lewis Road
Greensboro, North Carolina 27406

Attention: Teresa Dixon

Project Name;

A-Rentals

<u>Sample Number</u>	<u>Date Taken</u>	<u>Sample Location</u>	<u>RAI Sample#</u>	<u>EPA Method*</u>	<u>Results (PPM)</u>
East-2000	4/13/93	A-Rentals	165091	5030	1494
West-2000	4/13/93	A-Rentals	165092	5030	<10

*EPA Method 5030 = Total Petroleum Hydrocarbons as Gasoline
PPM = Parts per million
< = Less than

Page 1 of 1

From:

B.B.B.Y.S Back Home

Received by:

C. B. G. H.

SAFEWAY TANK DISPOSAL, INC.

Transported by:

BOBBY's Book Here

[illegible]

Safeway Tank Disposal, Inc. accepts the liability for the tank(s) and contents on this report. The tank(s) and contents must be a petroleum product. If at any time the tanks are found to contain any product other than a petroleum product SAFEWAY TANK DISPOSAL, INC. has the right to refuse disposal or negotiate a price for disposal. Customer will be liable for any clean-up or other cost resulting from contamination by a substance other than a petroleum product.

Safeway Tank Disposal, Inc. agrees to dispose of petroleum tanks and contents in accordance with local, state, and federal regulation. Certificate of Disposal to follow.

C. B. J.

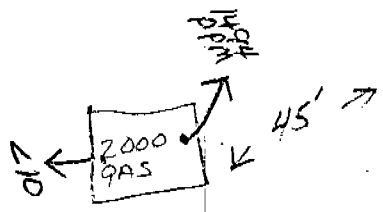
SAFEWAY TANK DISPOSAL, INC.

N

Fence

parts

A-1 Rentals



45'

parking Lot

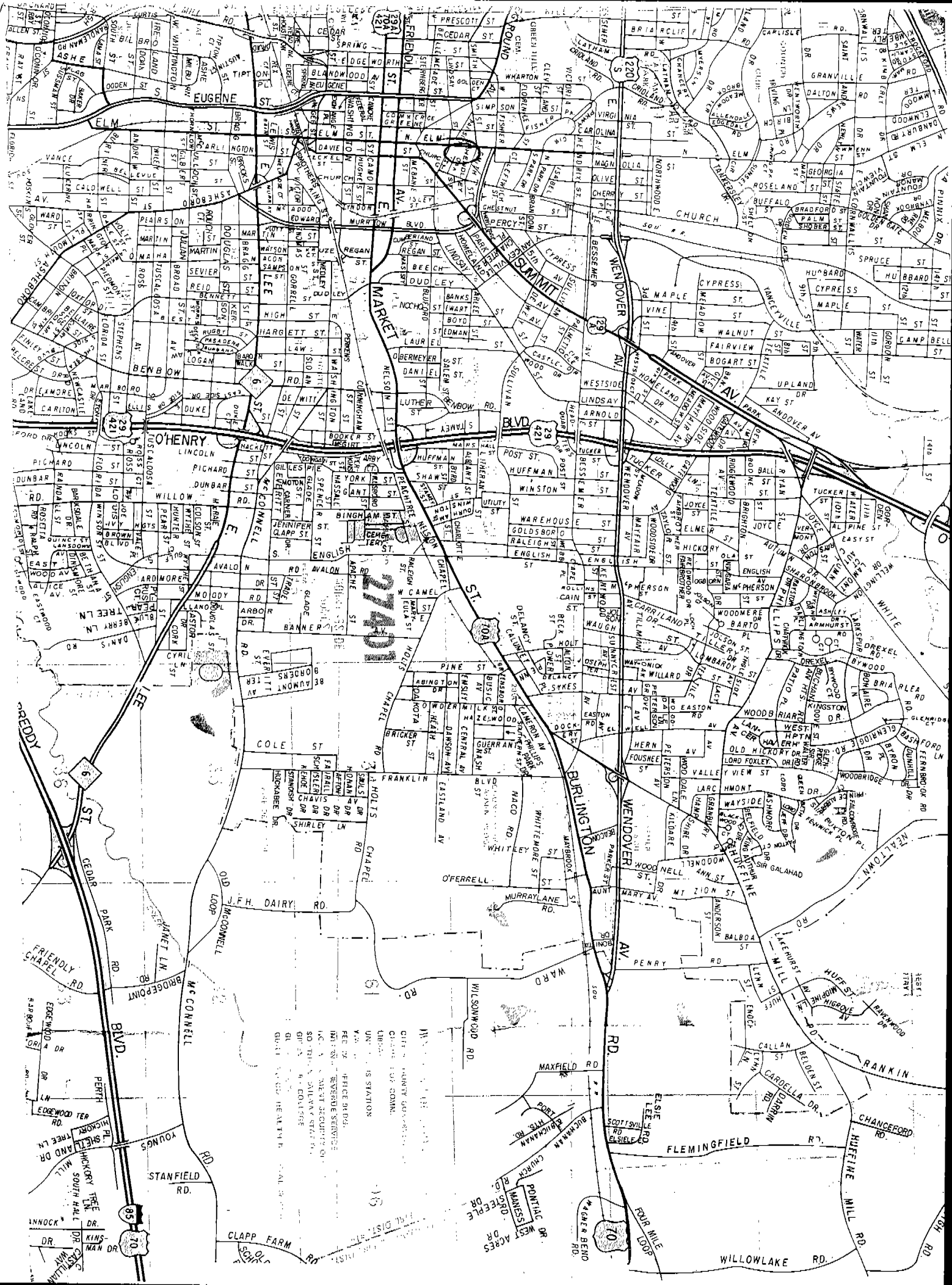
56'

A-1 Rentals

N. Elm

N

S



Site Investigation Report For Permanent Closure of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL
OFFICE ADDRESS].

State Use Only

I.D. Number

Date Received

INSTRUCTIONS

Please complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

A-1 Rentals
Owner Name (Corporation, Individual, Public Agency, or Other Entry)
Street Address 310 N. Elm St.
County Guilford
City Greensboro State NC Zip Code 27401
Area Code 919 Telephone Number 275-9788

II. Location of Tank(s)

A-1 Rentals
Facility Name or Company
Facility ID # (if available)
Street Address or State Road 310 N. Elm St.
County Guilford City Greensboro Zip Code 27401
Area Code 919 Telephone Number 275-9788

III. Contact Person

Name Dwight Wall Job Title
Telephone Number (919) 273-8663
Closure Contractor Bobbie's Backhoe Ser. Inc. 1324 Wilkewis Rd. GORDON NC
Lab Research & Analytical (Name) P.O. Box 473 Kernersville, NC (Address)

IV. U.S.T. Information

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	2000	64" W X 12' L	GAS		X		X	X	X

VI. Additional Information Required

See reverse side of blue copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal
 - ☒ Notify DEM Regional Office before abandonment.
 - ☒ Drain & flush piping into tank.
 - ☒ Remove all product and residuals from tank
 - ☒ Excavate down to tank.
 - ☒ Clean and inspect tank.
 - ☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
 - ☒ Cap or plug all lines except the vent and fill lines.
 - ☒ Purge tank of all product & flammable vapors.
 - ☒ Cut one or more large holes in the tanks.
 - ☒ Backfill the area.
- Date Tank Permanently closed: 4-13-93

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening;
- ☐ Plug or cap all openings;
- ☐ Disconnect and cap or remove vent line
- ☐ Solid inert material used - please specify: _____

REMOVAL

- ☒ Create vent hole
- ☒ Label tank
- ☒ Dispose of tank in approved manner
- Final tank destination: Safeaway Tank
- Welfar, N.C.

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

TERESA DIXON Office Manager Teresa Dixon

5-12-93

GW/UST-2

White Copy - Regional Office

Yellow Copy - Central Office

Blue Copy - Owner

Site Investigation Report For Permanent Closure of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL
OFFICE ADDRESS].

State Use Only
I.D. Number _____
Date Received _____

INSTRUCTIONS

Please complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

A-1 Rentals
Owner Name (Corporation, Individual, Public Agency, or Other Entry)
Street Address 310 N. Elm St.
County Guilford
City Greensboro State NC Zip Code 27401
Area Code 919 Telephone Number 275-9788

II. Location of Tank(s)

A-1 Rentals
Facility Name or Company
Facility ID # (if available)
Street Address or State Road 310 N. Elm St.
County Guilford City Greensboro Zip Code 27401
Area Code 919 Telephone Number 275-9788

III. Contact Person

Name Dwight Wall Job Title _____ Telephone Number (919) 273-8663
Closure Contractor Bobby's Backhoe Ser. Inc 1324 Wilkewis Rd GBORO NC
Lab Research + Analytical (Name) P.O. Box 413 Kernersville, NC (Address)

IV. U.S.T. Information

Tank No.	Size in Gallons	Tank Dimensions	Last Contents
1	2000	64" W x 12' L	GA-5

V. Excavation Condition

Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
Yes	No	Yes	No	Yes	No
	X		X	X	X

VI. Additional Information Required

See reverse side of blue copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal
 - ☒ Notify DEM Regional Office before abandonment
 - ☒ Drain & flush piping into tank.
 - ☒ Remove all product and residuals from tank
 - ☒ Excavate down to tank.
 - ☒ Clean and inspect tank.
 - ☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
 - ☒ Cap or plug all lines except the vent and fill lines.
 - ☒ Purge tank of all product & flammable vapors.
 - ☒ Cut one or more large holes in the tanks.
 - ☒ Backfill the area.
- Date Tank Permanently closed: 4-13-93

- ABANDONMENT IN PLACE**
- ☐ Fill tank until material overflows tank opening;
 - ☐ Plug or cap all openings;
 - ☐ Disconnect and cap or remove vent line
 - ☐ Solid inert material used - please specify: _____

- REMOVAL**
- ☒ Create vent hole
 - ☒ Label tank
 - ☒ Dispose of tank in approved manner
 - Final tank destination: Safeway Tank
 - Colfax, NC

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

Teresa Dixon

Office Manager

Teresa Dixon

5-12-93

GW/UST-2

White Copy - Regional Office

Yellow Copy - Central Office

Blue Copy - Owner